

FOLD HERE

FROM:  
  
  
  

THIS WILL NOT BE DELIVERED WITHOUT FIRST CLASS STAMP

FOLD HERE FIRST

Continuation of Item 11 from front of form.

NEXT TO EMPLOYER LAST	UA Account No. (DO NOT WRITE HERE)	Check Digit	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	First Date Worked	Last Date Worked
	EMPLOYER - Firm Name  No. and Street  City - State - Zip Code		Plant or Location	Reason for unemployment <input type="checkbox"/> Lack of Work  <b>IF THIS SEPARATION WAS FOR REASONS OTHER THAN LACK OF WORK, YOU MUST FILE IN PERSON.</b>	
			Telephone (    )		
			Position Title		
			Was Social Security taken out of your pay? <input type="checkbox"/> YES <input type="checkbox"/> NO		

THE EMPLOYER LAST	UA Account No. (DO NOT WRITE HERE)	Check Digit	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	First Date Worked	Last Date Worked
	EMPLOYER - Firm Name  No. and Street  City - State - Zip Code		Plant or Location	Reason for unemployment <input type="checkbox"/> Lack of Work  <b>IF THIS SEPARATION WAS FOR REASONS OTHER THAN LACK OF WORK, YOU MUST FILE IN PERSON.</b>	
			Telephone (    )		
			Position Title		
			Was Social Security taken out of your pay? <input type="checkbox"/> YES <input type="checkbox"/> NO		



State of Michigan  
Department of Consumer & Industry Services  
UNEMPLOYMENT AGENCY

**ADDITIONAL CLAIM BY MAIL**

Authorized by MCL 421.1, et seq.  
Completion of this form is required to qualify for benefits.



BYB Date

B.O.No.

OCC.  
CODE

To the Claimant:  
Begin this form with Item 1 below.

**Follow all instructions very carefully.**

1. PRINT Name: Last	First	Middle	2. Social Security Number	Ck. Digit

3. No. and Street

4. City-State-Zip Code	County	5. Telephone Number ( )
------------------------	--------	----------------------------

**IMPORTANT: THIS FORM IS TO BE USED FOR FILING YOUR ADDITIONAL CLAIM BY MAIL ONLY IF ALL SEPARATIONS SINCE YOU LAST CLAIMED BENEFITS WERE DUE TO LACK OF WORK, OR IF YOU HAVE HAD NO EMPLOYMENT SINCE YOU LAST CLAIMED BENEFITS.**

Have you returned to work since last claiming benefits? ..... ☐ NO ☐ YES

If "NO," your claim is effective the beginning of the week in which this form is **received**.

If "YES," complete item 11 below.

It is your responsibility to complete and mail this form so that it is RECEIVED by your branch office no later than the Friday after the end of the week containing your last day of work. If you stopped claiming benefits for a reason other than a return to work, this completed form must be RECEIVED during the first week for which you wish to start claiming benefits again.

**YOU MUST HAVE A PERSONAL IDENTIFICATION NUMBER (PIN) TO CALL MARVIN. IF YOU HAVE FORGOTTEN YOURS, GO IN TO THE BRANCH OFFICE BEFORE YOUR CALL-IN DAY. BE SURE TO HAVE PICTURE ID WITH YOU.**

**SINCE YOU LAST CLAIMED BENEFITS:**

6. Unemployment benefits are subject to Federal and State income tax. Do you wish to have **both** Federal and Michigan State income tax withheld from the taxable portion of each weekly benefit payment?  
(You can choose to have taxes withheld only once per benefit year.) ..... ☐ NO ☐ YES

A. If "YES," you must enter the number of dependents/exemptions you claim for State income tax purposes.

7. Have you applied for or received retirement benefits? ..... ☐ NO ☐ YES

8. Have you moved or changed your name? (If name change, file your claim in person.) ..... ☐ NO ☐ YES

9. Are you in training or attending school? (If "YES," give dates.) From \_\_\_\_\_ Thru \_\_\_\_\_ ..... ☐ NO ☐ YES

10. Were you unable to file this claim due to injury, illness or hospitalization that lasted 14 days or more? ..... ☐ NO ☐ YES

11. List all employment since your last period of unemployment (whether in state or not). If more than 1 employer, use reverse side.

EMPLOYER - Firm Name	UA Account No.	Check Digit	<input type="checkbox"/> Hourly <input type="checkbox"/> Salary	First Date Worked	Last Date Worked
	(DO NOT WRITE HERE)		Plant or Location		
			Telephone ( )	Reason for unemployment <input type="checkbox"/> Lack of Work	
			Position Title	<b>IF THIS SEPARATION WAS FOR REASONS OTHER THAN LACK OF WORK, YOU MUST FILE IN PERSON.</b>	
			Was Social Security taken out of your pay? <input type="checkbox"/> YES <input type="checkbox"/> NO	Do you expect to return to work with this employer? <input type="checkbox"/> Yes When: _____ <input type="checkbox"/> No <input type="checkbox"/> I don't know	
City - State - Zip Code		County & State Worked In	FIPS CNTY	If your return to work date exceeds 120 days, you must register for work to be eligible for benefits.	

12. If you are not a citizen of the USA, enter the type of form or document issued to you: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

13. Have you received or will you receive payments from your last employer for any period following your last day of work? ..... ☐ NO ☐ YES  
If "YES," show the amount of payment and period covered.

(a) Vacation Pay	\$ _____	From _____	To _____
(b) Holiday Pay	\$ _____	From _____	To _____
(c) Wages in Lieu of Notice	\$ _____	From _____	To _____
(d) Other _____	\$ _____	From _____	To _____

14. **YOUR CERTIFICATION:** I certify that all of the information submitted by me on this form is true and correct to the best of my knowledge and belief. I UNDERSTAND THAT THE LAW PROVIDES PENALTIES OF FINE, AND/OR IMPRISONMENT, AND/OR COMMUNITY SERVICE FOR FALSE STATEMENTS TO SECURE BENEFITS.

15. Claimant's Signature \_\_\_\_\_ 16. Date Signed \_\_\_\_\_

BRANCH OFFICE USE ONLY															
Add'l	R/O	Effective W/E Date	RSW/JAW Date	Reg. Req.	UA 1002/APP	D/E Date	D/E Clerk								
				Y N											